



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-----------------|
| | | Application Number | 10/645,728 |
| | | Filing Date | August 20, 2003 |
| | | First Named Inventor | Ken NETZEL |
| | | Art Unit | 3654 |
| | | Examiner Name | J. Jillions |
| Total Number of Pages in This Submission | 19 | Attorney Docket Number | 249212024800 |

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages total)) | <input checked="" type="checkbox"/> Drawing(s) (Replacement) (1 sheet) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply (14 pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (1 page) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------|-------------------------|-----------------------|
| Firm Name | MORRISON & FOERSTER LLP | (Customer No.: 25226) |
| Signature | | |
| Printed name | Christopher B. Eide | |
| Date | March 22, 2005 | Reg. No. 48,375 |

Client Ref. No.: Q03-1035-US1

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV544979995US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 22, 2005

Signature: (Georgina Matos)



| | | | |
|---|---------------------------|--------------------------|-----------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2005 | | Application Number | 10/645,728 |
| | | Filing Date | August 20, 2003 |
| | | First Named Inventor | Ken NETZEL |
| | | Examiner Name | J. Jillions |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 3654 |
| TOTAL AMOUNT OF PAYMENT | (\$) 120.00 | Attorney Docket No. | 249212024800 |

| | | | | |
|--|--------------------------------------|---|-------------------------------|--|
| METHOD OF PAYMENT (check all that apply) | | | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> | | | | Deposit Account Name: <u>Morrison & Foerster LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | | <input type="checkbox"/> Credit any overpayments | | |

| | | | | | | |
|---|--------------------|---------------------|--------------------|---------------------|-------------------------|-----------------------|
| FEE CALCULATION | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |
| | | | | | | Fees Paid (\$) |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| 2. EXCESS CLAIM FEES | | | | | | |
| Fee Description | | | | | | |
| Each claim over 20 (including Reissues) <u>50</u> <u>25</u> | | | | | | |
| Each independent claim over 3 (including Reissues) <u>200</u> <u>100</u> | | | | | | |
| Multiple dependent claims <u>360</u> <u>180</u> | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | |
| <u>37</u> - <u>37</u> = <u>0</u> x <u>50.00</u> = <u>0.00</u> | | | | | | |
| Multiple Dependent Claims | | | | | | |
| Fee (\$) Fee Paid (\$) | | | | | | |
| <u>360.00</u> <u>0.00</u> | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | |
| <u>4</u> - <u>4</u> = <u>0</u> x <u>200.00</u> = <u>0.00</u> | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | |
| <u>0</u> - <u>100</u> = <u>0</u> / <u>50</u> <u>0</u> (round up to a whole number) x <u>250.00</u> = <u>0.00</u> | | | | | | |
| Fees Paid (\$) | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) <u>0.00</u> | | | | | | |
| Other (e.g., late filing surcharge): <u>2251 Extension for response within first month</u> <u>120.00</u> | | | | | | |

| | | | | | |
|---------------------|---------------------|--|--------------------------------------|----------------------|--------------------------|
| SUBMITTED BY | | | | | |
| Signature | | | Registration No. (Attorney/Agent) | 48,375 | Telephone (650) 813-5720 |
| Name (Print/Type) | Christopher B. Eide | | Date | March <u>22</u> 2005 | |

Client Ref. No.: Q03-1035-US1